

EDITORIAL

Wounded Healers: A Crisis of Violence Against Doctors in Nepal

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The white coat, once a symbol of trust and healing, has been increasingly under attack by a disturbing surge of violence against doctors and healthcare professionals in Nepal. This alarming trend not only jeopardizes the medical professionals' well-being, but also the nation's healthcare system. This editorial explores the escalating trends in such acts of violence, its possible causes, the inadequacies in existing preventive regulations, and the urgent need for comprehensive reform to ensure both the patients and doctors wellbeing.

The Alarming Trend: A Healthcare System Under Siege

Violence against healthcare workers (HCWs) in Nepal is unequivocally on the rise. While comprehensive national data is limited, localized studies from urban teaching hospitals confirm a concerning upward trajectory. For instance, a study in two major Kathmandu hospitals revealed that 72% of nurses experienced workplace violence, with verbal abuse being most common (69.44%), followed by physical violence (23.61%)^{1,2}, indicating a broad crisis affecting all HCWs, with nurses often bearing a disproportionate burden [3]. The increasing frequency of protests by healthcare workers demanding safer working conditions further underscores the severity of the situation.⁴⁻⁸

Exploring the Causes: A Vicious Cycle of Frustration and Dysfunction

The roots of this pervasive violence are multifaceted and interconnected, forming a vicious cycle that perpetuates the crisis [3].

1. Overburdened Healthcare System and Resource Scarcity

Nepal's healthcare system is under-resourced, with limited staffing, insufficient beds, and in many instances, inadequate infrastructure and equipment.³ High patient volumes overwhelm facilities leading to prolonged waiting times, which at times can escalate into aggression.³ According to the World Health Organization (WHO), the recommended doctor-to-patient ratio is 1:1,000, which in Nepal, stands at an estimated 1:3,000, indicating a severe shortage. This disparity is alarmingly high in certain rural regions, where ratios can approach 1:150,000.⁹

2. Communication Breakdown and Unrealistic Expectations

Poor outcomes do not necessarily equate with error in treatment, but contribute in fueling aggression against the treatment provider, often before any fair assessment can be made. Incomplete information or misinformation, often amplified by social media, further erodes public trust and gives a verdict before any chance of a detailed inquiry.¹⁰

3. Climate of Impunity and Political Patronage

A deeply troubling aspect is the prevalent climate of impunity and political patronage¹⁰, where perpetrators connected to political networks often evade legal repercussions, emboldening further aggression.^{3,11} In turn, such incidents send a dangerous message that condone violence against health personnel.¹² The prevalent culture of "Afno Manche" (our people) introduces inherent biases against healthcare providers.³

4. Defensive Medicine

This rising threat of violence pushes clinicians towards defensive medicine, wherein doctors may order additional tests and referrals that consume more time and resources. The consequences of such "cover our backs" practice is reflected on increased cost of care and waiting times.³ Rising costs of care, increased waiting through referral mechanisms, and the emotional burden of disease, leads to frustration and anger towards healthcare systems and providers.^{10,13}

Regulatory Frameworks

Nepal has laws to protect medical practice and healthcare workers, but their effectiveness is questionable due to gaps in implementation and enforcement.

Existing Legal Provisions

The **Nepal Medical Council Act, 2020 (1964)**, established the Nepal Medical Council (NMC) to regulate medical practice and registration.^{14,15} The **National Penal Code, 2017**, outlines offenses related to medical treatment.^{16,17} The **Health Worker's and Health Institution Safety Related Act (Amended 2021/ Ordinance 2022)** introduced increased financial penalties and jail sentences for perpetrators of violence against health care workers.^{12,18}

Effectiveness Questioned: A Paper Tiger??

Despite these laws, their effectiveness is limited by a lack of rigorous implementation and enforcement.^{9,10,12} Many cases go unreported or are not pursued due to political interference, weak governance, and lack of public trust in the legal system.^{9,10} Doctors lament that laws fail to provide real protection, leaving them vulnerable, highlighting the dichotomy between law on paper and law in practice.^{3,10,11}

The Devastating Impact on an Already Fragile Health System

Unchecked violence against doctors has far-reaching implications for Nepal's healthcare system as well as the economy.

Prohibited Activity	Imprisonment	Fine (NPR)	Jurisdiction
Arson, vandalism, or damage to a health facility ¹²	2 to 5 years	200,000 to 500,000	District Court
Beating or physically harming health workers/employees; locking/blocking health institution ¹²	Up to 3 years	Up to 300,000	District Court
Interfering with patient treatment; assaulting, threatening, abusing, or behaving indecently/insultingly towards health workers ¹²	Up to 1 year	Up to 100,000	District Officer

- I. Deterioration of Healthcare Quality:** Fear and anxiety among doctors lead to defensive medicine, reluctance to handle critical cases, and compromised decision-making, directly impacting care quality and patient outcomes.^{3,10}
- 2. Brain Drain and Workforce Shortage:** The continuous threat of violence, coupled with poor working conditions, drives health workforce migration from Nepal.³ Doctors, especially young graduates, increasingly seek opportunities abroad, exacerbating the severe shortage of skilled professionals, creating a critical vacuum in the system. This loss of talent negatively impacts future capacity building and institutional memory.
- 3. Erosion of Trust and Deterioration of the Doctor-Patient Relationship:** Constant animosity and distrust creates a volatile environment, undermining the crucial 'doctor-patient relationship' which built on mutual respect and trust.¹⁰ This breakdown makes effective healthcare delivery incredibly challenging.

Financial Implications

The cost of violence is multifaceted:

- Direct costs:** Medical expenses for injured HCWs, property damage, legal fees, and increased security expenditure.¹⁹
- Indirect costs:** Lost productivity due to absenteeism, burnout, reduced morale, and the cost of recruiting and training new professionals.^{19,20} A weakened healthcare system also impacts national productivity and human capital.^{19,20}

Global Context: Violence Against Healthcare Workers Worldwide

Violence against healthcare workers is a global problem, declared an "international emergency" by the World Medical Association (WMA).^{21,22} Studies show that 61.9% of HCWs globally experience some form of violence, with verbal abuse being most common (57.6%). High-risk settings include psychiatric and emergency departments, and professions like nurses and physicians are particularly vulnerable.²³

Type of Violence	Global Prevalence Percentage (95% CI)
Any Workplace Violence (WPV) ²³	61.9% (56.1% to 67.6%)
Non-physical Violence ²³	42.5% (38.9% to 46.0%)
Physical Violence ²³	24.4% (22.4% to 26.4%)
Verbal Abuse ²³	57.6% (51.8% to 63.4%)

Common risk factors globally include unmet patient expectations, poor communication, and long wait times.^{3,19}

An Urgent Call to Action: A Comprehensive Way Forward

Addressing this crisis demands an urgent and comprehensive response from all stakeholders.

1. Robust Law Enforcement and Justice

The government must ensure strict and impartial enforcement of existing laws. Perpetrators, regardless of connections, must face immediate legal consequences.^{9,10} "Jail without bail" for serious offenses and fair and fast trials should be considered.¹²

2. Systemic Reforms in Healthcare Delivery

Addressing patient frustration is paramount:

- Increasing Resource Allocation and Infrastructure Development:** Significant investment in infrastructure, beds, and equipment to reduce overcrowding.^{3,13}
- Strengthening Human Resources:** Strategies to address shortages, even distribution of HCW's, and retention of HCW's to prevent "brain drain".^{3,13}
- Improving Communication and Transparency:** Prioritize clear, empathetic communication to meet patient expectations, and build trust.¹⁰
- Enhancing Health Literacy:** Public education campaigns to improve understanding of medical limitations, and creation of appropriate grievance channels.¹⁰
- Establishing Independent Grievance Redressal Mechanisms:** A neutral arbitration body to address patient grievances fairly, offering an alternative to "mob justice".

3. Enhanced Security Measures in Hospitals

Hospitals must implement robust security protocols: adequately trained personnel, CCTV, access control, and rapid response mechanisms.¹⁹

4. Comprehensive Support for Healthcare Workers

Holistic support is essential:

- Psychological Counseling and Support:** Accessible counseling for HCWs experiencing violence.^{19,20}
- Legal Aid:** Free or subsidized legal aid for doctors/ HCWs facing challenges.¹²
- Workplace Wellness Programs:** Programs to address burnout and mental health.^{19,20}

5. Promoting Responsible Media Reporting

The media plays an incredibly important role in society, and must report responsibly, avoiding sensationalism and biased narratives that inflame public sentiment.¹⁰

6. Fostering Professionalism and Ethics

Medical professionals must uphold high standards of ethics and professionalism, ensuring clear communication, compassionate care, and ethical practices, to build a trustworthy 'doctor-patient relationship'.¹⁰

The Defining Role of the Government

As the patron of the country, the government can display political will and play a significant role in the process of

facilitating multi-stakeholder collaboration by engaging medical associations, hospitals, legal experts, and civil society^{3,11-13}, invest in public awareness and trust building by launching campaigns to inform citizens about legal consequences and the challenges faced by doctors¹⁰, strengthen regulatory bodies to ensure accountability, and provide a safe working environment for HCWs in all parts of the country.^{14,15} It is vital for all to recognize that a safe environment for health care workers is fundamental to a well-functioning healthcare system and national health.^{21,22}

CONCLUSION

Violence against doctor is a deeply unsettling trend reflecting systemic fragilities and a breakdown of trust. It is a clarion call for urgent, coordinated action. While healthcare professionals should not condone medical negligence or malpractice, a fair system of assessment and appraisal, rather than brute violence based on opinions and outcome alone, should guide to resolve such conflicts. Repeated acts of violence and the retaliatory strikes will end up crippling the healthcare system, make the sick more vulnerable, and further damage an already eroded trust between the doctors and patients, and the system at large. Empty assurances should give way to decisive leadership, robust and timely law enforcement, and a collective commitment to restore the respect and safety that medical professionals deserve. We should eagerly work for the day when the white coat once again stands as an unblemished symbol of patient's trust, hope and healing in Nepal.

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